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PATENT TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Docket No. 12917US03

In the Application of:

Daniel J. Sullivan,
Mark D. Crockett,
John Epler; and
Robert A. Hilgart

U.S. Serial No.: 09/928,130

Confirmation No. 6490

Filed: August 10, 2001

For: COMPUTERIZED RISK
MANAGEMENT MODULE FOR
MEDICAL DIAGNOSIS

Examiner: Unassigned

Group Art Unit: 3621

Express Mail No. EV164036589US

Dated: June 17, 2003

TRANSMITTAL LETTER

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. We are transmitting the attached Petition to Revive 37 CFR § 1.137(c) and fee (\$650.00); and Request to Rescind Previous Nonpublication Request 35 U.S.C. 122(b)(2)B(ii).

2. With respect to additional fees:

- ☐ A. No fee is required.
- ☐ B. Additional fees are required.
- ☐ C. An additional fee is required and has been calculated as shown below.
- ☒ D. Attached is our check: \$650.00.


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3. Please charge any additional fees or credit overpayment to the deposit account of McAndrews, Held & Malloy, Ltd., Account No. 13-0017.

Respectfully submitted,
McANDREWS, HELD & MALLOY, LTD.

By: 
George Wheeler
Reg. No. 28,766
Attorney for Applicants

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**Petition to Revive
37 CFR § 1.137(c)**

Sir:

Your petitioner respectfully requests that the Director revive the present application under 37 CFR § 1.137(c).

This application was filed on August 10, 2001, accompanied by a Non-Publication Request. On October 31, 2001, the applicant filed in the Receiving Office of the United States Patent and Trademark Office (USPTO) a PCT application claiming the priority of the present United States application and disclosing essentially the same subject matter as the present United States application. Filing this PCT application started a 45-day period ending on December 15, 2001, for formally notifying the USPTO of the filing of the PCT application.

On November 9, 2001, the applicant filed a Request To Rescind Previous Non-Publication Request, using the form PTO/SDB/36 (11-00) provided for this purpose by the USPTO. The applicant believed that filing a Request To Rescind Previous Non-Publication

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Request would nullify the previously filed Non-Publication Request in this situation, and that no further action was needed.

In June 2003, shortly before the filing date of this petition, the undersigned asked an employee of his firm to find out when the present application would be published. The employee was advised on June 16, 2003, that the present application is not scheduled to be published because it was subject to a Non-Publication Request. The undersigned then examined the file and found that a Non-Publication Request had been made, but also rescinded as explained above.

A recent notice on this subject on the PTO web site, dated June 6, 2003, indirectly indicates that the form PTO/SDB/36 (11-00) Request To Rescind Previous Non-Publication Request is not effective as a notice of foreign filing, and thus does not prevent abandonment of the application if filed after the filing date of a foreign application, even if filed within 45 days after the filing date of a foreign application. The June 6 Notice indicates that the only way to revive the application is under the provisions of 37 CFR § 1.137(b) for unintentional abandonment.

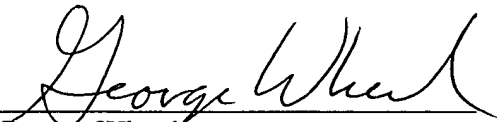
Therefore, this petition for revival is being filed under 37 CFR § 1.137(b), accompanied by a form PTO/SDB/36 (10-01) which does provide notice of foreign filing. The applicant also provides, as Exhibit A, a copy of the cover sheet of the PCT patent application filed on October 31, 2001, which indicates its filing date and lists designated national and regional states, thus providing notice of the filing of this application in each designated national and regional state on October 31, 2001.

The entire delay in filing a Notice of Foreign Filing, from the deadline of December 15, 2001, to the present time, was unintentional.

The applicant also requests immediate publication of the present application at the first available opportunity. Since the applicant filed a Request To Rescind Previous Non-Publication Request on November 9, 2001, the USPTO was obligated by statute to publish this application "on or as soon as is practical after" April 30, 2002. 35 U.S.C. § 122(b)(2)(B)(iv). The application has not been published to date.

Respectfully submitted,

June 17, 2003
DATE

By: 
George Wheeler
Reg. No. 28,766
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International Bureau



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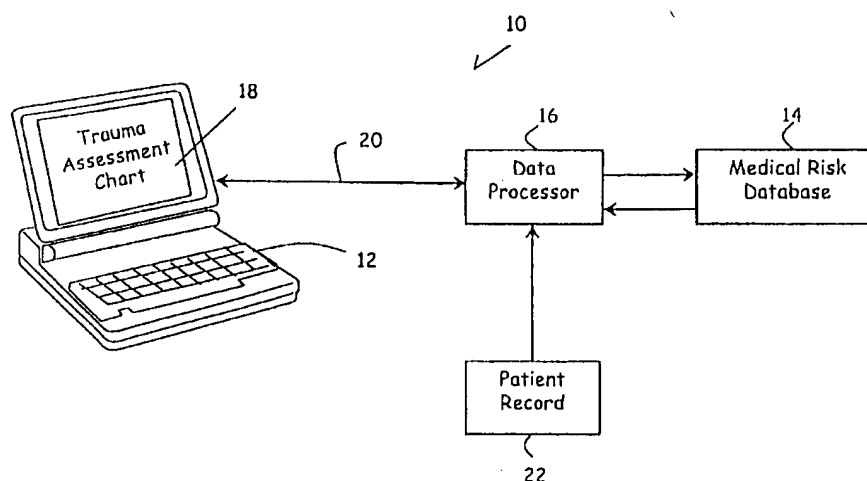
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- (71) Applicant: **IBEX HEALTHDATA SYSTEMS, INC.**
[US/US]; 5600 N. River Road, Suite 150, Rosemont, IL 60018 (US).
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- (74) Agent: **WHEELER, George**; McAndrews Held & Malloy, Ltd., 500 W. Madison, Suite 3400, Chicago, IL 60661 (US).
- (81) Designated States (*national*): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW.
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- Published:**
— *without international search report and to be republished upon receipt of that report*

[Continued on next page]

(54) Title: COMPUTERIZED RISK MANAGEMENT MODULE FOR MEDICAL DIAGNOSIS



(57) Abstract: Apparatus is provided including an input device, a medical risk database, a data processor, and a communication device. Data entered in the input device, usually by a health care professional, defines a patient data record. The medical risk database associates certain patient data entered into the data record, which increases the risk of a missed medical care opportunity, with additional medical care to address the risk. The communication device responds to the identification of patient data presenting a medical risk by communicating to a health care professional additional medical care selected to identify and take advantage of a medical care opportunity. Templates are also disclosed having "red light green light" indicators that indicate red to prompt consideration of a system and green to indicate it has been considered. A triage template and key information to provide additional information to the diagnosing or treating professional are also provided.